Values-Based Interprofessional Collaborative Practice

Working Together in Health Care

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CAMBRIDGE
UNIVERSITY PRESS

CAMBRIDGE UNIVERSITY PRESS
Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo, Delhi, Mexico City

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org
Information on this title: www.cambridge.org/9781107636163

First published 2012

Printed and bound in the United Kingdom by the MPG Books Group

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication data
Thistlethwaite, Jill.
Values-based interprofessional collaborative practice : working together in health care / Jill E. Thistlethwaite.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-107-63616-3 (pbk.)
I. Title.
[DNLM: 1. Patient Care Team. 2. Community Networks. 3. Interprofessional Relations. 4. Patient Care – ethics. 5. Professional Practice – ethics. W 84.8]
610.73 – dc23 2012021825

ISBN 978-1-107-63616-3 Paperback

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Preface

This book is one of a series on values-based practice (VBP). It has a specific focus on teamwork and collaborative health care practice particularly, but not exclusively, in primary care. The health care teams considered include nurses (practice and advance practitioners), midwives, general practitioners (GPs) and hospital doctors, physiotherapists and other allied health professionals as well as receptionists and practice managers. The book considers the interactions between health care professionals and the way that these may be affected by differences in professional and personal values, amongst other factors. The scenarios are informed by my experience in general practice in both the UK and Australia, but they can be adapted to family medicine situations in other countries.

This book is thus for all health care professionals who work in teams or aspire to collaborative practice, and for educators who facilitate learners in teamwork. Health professional students should also find it useful and hopefully stimulating, while the scenarios may be helpful for learning activities.

The text contributes to the literature on consultation and communication skills by adding the dimension of values-based practice, which is rarely mentioned in other work of this nature. It is a practical guide, underpinned by theory, to health care interactions. The underlying philosophy of values-based practice, as described and discussed by my colleagues, Professors Bill Fulford and Ed Peile, in their own work, will be the starting point for the text. However I also consider and reflect on working in teams and the importance of communication.

Health and social care within the NHS in the UK is now largely team based; from the primary care team of community settings to the multidisciplinary teams of secondary care, as particularly exemplified by cancer and diabetes management. The ageing population and the rise in the incidence of long term chronic and complex conditions mean that one health care professional is unlikely to have the knowledge and skills to provide complete care. The growing team work literature highlights the difficulties of diverse professionals coming together to work together with their unique professional identities, their changing roles and responsibilities and, for many, their lack of training in team work at prequalification level. Add to this both personal and professional values bases, and we can see that communication is fraught with difficulty. Poor communication is implicated as a major cause of adverse events in health care and leads to poor patient safety. Lack of communication between professionals and dysfunctional teamwork have been repeatedly shown to contribute to poor patient and client outcomes.

Why a values-based approach?

Health care practitioners from different professional backgrounds may work together in defined co-located teams or collaborate across sites to achieve specific goals over a limited time frame. Not all professionals interacting with the same patient are members of the same team – some provide a limited amount of input in highly specialised areas. To provide such collaboration and, where relevant, team-based care, there is a necessity not only to learn the

appropriate skills but also to explore and understand each other's values, and those of the people we care for and treat.

If health professionals have competing values, arising from their professional identity and/or cultural background and/or personal experiences, there is likely to be miscommunication. In my experience health professionals rarely put aside time to discuss their values with their colleagues, though some may adopt a values-based approach with patients/clients. Stereotyping of professionals by professionals occurs frequently, e.g., the arrogant doctor, the caring nurse, the efficient pharmacist. In this book I consider how professionals may discuss their values – through learning together and working together.

My experience

I bring to this volume my own experience of interprofessional education (IPE) and collaborative practice, my 26 years as a practising general practitioner (GP) and my 22 years as a clinical educator. As a young GP principal in West Yorkshire I was fortunate to be a member of a highly developed primary care team and valued the interactions with other health professionals from which I learnt a great deal. The team included practice and district nurses, health visitors, psychologists and physiotherapists, and community midwives who worked with the doctors to provide high quality antenatal and post-natal care, plus home and hospital births. As well as the health professionals, the receptionists and secretaries were indispensible. We had the usual problems of arguments about workload and pay, but were united in aiming to provide the best care for our patients. In my early career I tended to be paternalistic towards patients, a consequence of my hospital training, but I discovered the concepts of shared decision making and moved towards a more patient partnership model.

I don't remember an explicit discussion about practice values but we had a 'mission statement' and regular team meetings for both business and education. This teamwork aspect of my work was what I missed most when I moved to Australia and worked as a sessional GP while pursuing my career as an academic medical educator. My experience is that teamwork and collaborative practice are very variable in their quality depending on the people involved, their values and commitment to health care delivery. My involvement in the teaching of communication and consultation skills over the years has shown me that performance may be improved but that it is important to involve a range of health professionals in learning together to break down existing stereotyping and the hierarchical nature of some clinical environments.

I must emphasise that as a medical doctor I have a certain view of health care practice. I have tried to think from the perspective of other professionals and patients in this work and have had both feedback on the text and input to some chapters as commentaries from colleagues and service users. However if it feels too medical I do apologise. Mostly I use the word patient, but I acknowledge that others may refer instead to client, service user or consumer.

Overall structure of the book

The opening chapters include an overview of values-based practice, teamwork and collaborative practice to set the scene for the subsequent case histories. After the introductory chapters, subsequent chapters present case histories and scenarios based on authentic professional experiences with details changed to preserve confidentiality. The scenario generates reflection points and readers are encouraged to stop and reflect where indicated. Selected chapters have

comments from patients and appropriate health care professionals to add different perspectives. I use relevant references to provide evidence for certain statements and to indicate the range of literature on particular topics. There are concluding chapters on learning and teaching in this area. While the book predominantly focuses on teams and health care delivery in primary care settings and general practices (because of my experience), there are references to hospital-based and secondary care settings as well.

Synopsis of the chapters

Chapter 1: Values-based practice in health care: setting the scene

This chapter includes an overview of VBP with definitions of values and a discussion about their diversity. I consider value judgments, personal and professional values and the hidden curriculum. VBP and evidence-based practice are compared, and I look at the barriers to VBP.

Chapter 2: Teamwork and collaborative practice in modern health care

Here I consider the concept and practice of teamwork and its relationship to collaborative practice. There are definitions of team and how teams function, and of the meaning of interprofessional in this context. I discuss how team members may have different values and why it is important that teams reflect both on the team's and the members' values. There is a section on the competencies required for collaborative practice and the barriers that include professional stereotyping.

Chapter 3: Communication within teams and between professionals

In this chapter I consider the evidence about the importance of good communication for patient outcomes and safety, including communication via team meetings and medical records. The scenario is based on an interaction involving a GP, a nurse, a receptionist and a patient during which the wrong injection is given. High expectations, including the need to be perfect, by one member of the team may cause repercussions if others cannot meet these high standards. Professionals need to be able to delegate and handover needs to be undertaken carefully. Constructive feedback is important when dealing with interpersonal issues and conflict.

Chapter 4: A patient complaint: team meetings, policy and practice values – raising awareness in the team

Using the scenario of a patient complaint as the basis for discussion, I consider in further detail the importance of team meetings and record keeping, as well as significant event analysis (SEA) and the concept of health literacy. This chapter finishes with a lay commentary.

Chapter 5: A well person check, health promotion and disease prevention: different lifestyles, different values

What does being healthy mean to people and what is the value of health checks? There may be a difference of opinion amongst the health professionals about health, preventing illness and screening. I discuss evidence-based practice and how evidence changes and is interpreted. How professionals work together to manage patients with chronic disease is an important focus of the chapter.

Chapter 6: A patient with medically unexplained symptoms: applying evidence and values for shared decision-making, self-care and co-production of health

Patients who present with multiple symptoms and no clear diagnosis are a challenge for all team members. It is important that patients receive a clear and consistent message from the professionals with whom they interact. I stress that these are not difficult patients but difficult consultations.

Chapter 7: A request for strong analgesia: honesty and trust

Honesty and trust are two values required for good working relationships. Interactions between patient and professional as well as between professionals are difficult without being able to assume honesty. The scenario considers what may be an inappropriate request for strong painkillers and how the team may deal with the issue. How is trust built and maintained?

Chapter 8: Asylum seekers and refugees: working across cultures

The case of an asylum seeker is the stimulus for discussing culture, prejudice and racism. I revisit health literacy and discuss the concept of cultural sensitivity. Health professionals also come from diverse countries and cultures, which affects their values and practice. We conclude with considering training to overcome racial prejudice and the challenges of working with interpreters.

Chapter 9: A request for a home birth and other pregnancy-related consultations

This chapter looks at patient options and shared decision making through scenarios focusing on pregnancy and giving birth. A midwife colleague provides a concluding section – giving a different professional perspective.

Chapter 10: Community-based care and the wider health team

This chapter has been written by Dawn Forman, a radiographer by initial training, and now professor of interprofessional education at Curtin University (Australia). Dawn considers the wider health care team in a scenario in which one partner of a married couple is moved into a residential care home. She explores how team-based care may be improved. The case study can be used to stimulate discussion of the patient and client needs in a care environment.

Chapter 11: Ageing and end of life decisions

End of life care is a very challenging, but rewarding, area for the health care team. There are ethical and values-based considerations, and potentially very diverse opinions amongst team members. I consider advance directives/decisions, euthanasia and assisted suicide as areas where values may conflict. The chapter concludes with comments from a nursing and education colleague, who researches into end of life care.

Chapter 12: Referrals and the interface between primary and secondary care: looking after 'our' patients

Patients are cared for in both primary and secondary care settings. In this chapter I discuss the issues relating to referral from one team to another, difficulties with care across the primary secondary care interface, and how teams function in hospitals. The implications of defining someone as 'my' patient are discussed. The chapter concludes with a patient's perspective.

Chapter 13: Living with visible difference and valuing appearance

This chapter considers the modern fixation with appearance and the concept of visible difference. There are many examples of value judgments relating to how we look including size, 'beauty' and scarring. One section of the chapter is written by a lay colleague.

Chapter 14: Collaboration with other professionals: in and outside health care

What about working with pharmacists, social workers, the police and teachers? These professionals are not usually members of the team but part of our wider collaboration.

Chapter 15: Learning in and about teams

Here I focus on how teams can learn together to work together, including through role-play and working with simulated patients. Interprofessional education is a key requirement for collaborative practice.

Ways of using this book

This will very much depend on the reader and previous knowledge/experience of teamwork and/or values-based practice. Someone fairly new to the topics would be advised to start with the introductory section to understand the concepts. Educators or more experienced professionals may dip into a particular scenario to begin with – one that resonates with their own practice and that may also be useful for discussion as a learning activity. They could then read other chapters that interest them, while referring back to part 1 to revise their knowledge and/or to gain a better understanding of the messages and reflections in the scenarios.

Acknowledgements

I would like to thank Professor Bill Fulford for inviting me to write this book and for his clarification of how values-based practice complements my thinking on consultation skills and interprofessional practice.

My interprofessional mentors include Emeritus Professors Hugh Barr (UK) and John Gilbert (Canada) in addition to my interprofessional colleagues around the world for their insights into and commitment to IPE, which can be challenging in the face of logistics and frequent negativity.

Specific thanks to Krysia Saul, Sally Brown, Judy Purkis, Ann Jackson and Dawn Forman for their contributions to the chapters.

I have learnt most from 'my' patients over the years: I would not be the doctor today who listens without their feedback. I acknowledge our partnerships and the teams in which I have worked.

Last but not least, I thank my partner George Ridgway for his support, patience and numerous re-locations over the years.

Forewords

We value or devalue other professions in the adjectives that we employ to describe them, and the stereotypes to which we resort, as contributors to this book will have been well aware. Readers and writers alike, we are all products of professionalisation, a process as subtle as it can be subversive when it invites invidious comparisons between 'them' and 'us'. Explanations for the relative value that we accord the professions are as many as they are varied. They are rooted in gender, social class, schooling and subsequent professional education, including the relative status of the universities in which it is provided, in the length of their courses, in the level of their awards, in the emphases in curricula on the sciences and the humanities and on specialist and generalist practice.

Differences such as these are diminishing in country after country. The number of men and women entering the health professions is becoming more evenly balanced. Doors are opening for students from disadvantaged backgrounds to enter the more prestigious professions via access programmes. Profession-specific colleges are being merged into the newer universities which are closing the academic gap with the older universities. Professional awards are evening up as more professions establish graduate entry and marriages are made between scientific and humanitarian curricula.

Yet prejudice persists between professions. Educational engineering is not enough; interprofessional education makes good the shortfall. It provides a level playing field for the learners, where the centre forward is neither more nor less valued than the half back or the goalkeeper. It creates opportunities where students entering each of the health professions learn to rely on the others as together they appraise the values, insights and expertise that each brings to perform its allotted role, relinquishing preconceptions and stereotypes when necessary.

Professionalism is enhanced; positive values of interdependence and collective responsibility wax as negative values of sectional interest wane. Boundaries become permeable in the age of open communication and the liberation of knowledge, as roles and relationships are redefined. The value of each profession is enhanced by the esteem which it comes to enjoy not only in the eyes of other professions but also of patients, public and policy makers as it responds more readily and more effectively to their competing expectations in a spirit of closer collaboration.

Where better to begin to reflect on the values that permeate personal, professional and interprofessional practice with clients and colleagues?

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Educators of health care professionals, both those who work on university and college campuses, and those who provide learning environments in practice settings, are increasingly expected to understand and develop collaborative team based scenarios. Over the past 50 years, our understanding of 'health', and the complexities of providing the highest quality of care, has forced a radical rethink of the spectrum of education necessary for competent and efficient practice.

The task of understanding "the team" as a flexible unit of work has been greatly enhanced by research in organisational psychology, and other related social sciences. Bringing this work to the notice of those in health professional education is one of the major functions of this book. As both a monograph and a textbook, it uses logic derived from practice in primary care to the construction of relevant scenarios that illustrate ways and means of "experiencing" the complex interactions between a variety of health professionals, which are the basis of high functioning teams.

Two major issues confront the development of such teams: trust and information transfer (all too frequently referred to as communication). This book treats both matters in detail and frames them within the context of values-based practice – a context that is woefully lacking (and sometimes lost) in discussions about evidence-based practice.

Interprofessional education for collaborative patient-centred practice and care is the ideal focus of this book, although not its only intended aim. As health care systems throughout the world continue to grapple with how best to construct primary health care systems that hold true to the ideal of the WHO Alma-Ata Declaration of 1978, this book has some forceful insights to offer from the author's practice. The complexities of "communication" are presented within the context of scenarios that make plain the fact that "communication" is not simply about polite enquiry. Various investigations of adverse events underline the immense importance of not only using the right words, but also of using the words right!

At base, the differences between health professionals are in many ways attributable to differences in values that profoundly affect their behaviour. This book deals clearly with these difficult and contentious matters in ways that illustrate the differences without assigning blame. The author recognizes that all health professionals come from somewhere, and that regardless of work setting, they are inevitably situated within their personal culture – the place of a lifetime of learning; that their daily motivation to action is guided by their personal culture and that their interaction with others in daily practice is inevitably bound to their individual cultural understanding. This book deals sensitively and wisely with these issues, and presents the reader with many opportunities to test her/his perceptions against the realities of practice as illustrated in the scenarios.

This is not a book for the faint-hearted! Tough questions are posed, and challenging suggestions made. If (and at this time the "if" is very large) our health care system is to change, then the education of health care professionals, in all its environments, must inevitably start the journey to learn "with, from and about each other, for the purposes of collaboration to improve the quality of care" (CAIPE 2002 and WHO 2010) as soon as possible, or sooner! This book provides an intriguing and important place from which to start that journey.

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